## BEST AVAILABLE COPY

|   |  |                                 |                   |                                  |                      |                  |          |                   | Application or Docket Number |                        |         |                |                        |  |  |
|---|--|---------------------------------|-------------------|----------------------------------|----------------------|------------------|----------|-------------------|------------------------------|------------------------|---------|----------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO  Effective October 1, 2001  |  |                                 |                   |                                  |                      |                  |          |                   | ·-                           | ) ~:                   |         | ,              |                        |  |  |
|   |  |                                 | _}                | 7-(j2                            | 88                   |                  |          |                   |                              |                        |         |                |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                 |                   |                                  |                      |                  |          | SMALL ENTITY TYPE |                              |                        | OR      | OTHER<br>SMALL |                        |  |  |
| TOTAL CLAIMS  |  |                                 | 18                |                                  |                      |                  |          | RAT               | E                            | FEE                    |         | RATE           | FEE                    |  |  |
| FOR   |  |                                 | NUMBER FILED      |                                  | NUMBER EXTRA         |                  |          | BASIC             | FEE                          | 370.00                 | OR      | BASIC FEE      | 740.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | minus 20=         |                                  | · Ø                  |                  | .        | X\$ 9=            |                              |                        | OR      | X\$18=         |                        |  |  |
| INDEPENDENT CLAIMS  |  |                                 | 3 minus 3 =       |                                  |                      |                  |          | X42=              |                              |                        | OR      | X84=           |                        |  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                   | RESENT            |                                  |                      |                  | +140     | )=                |                              | OR                     | +280=   |                |                        |  |  |
| * If the difference in column 1 is less t   |  |                                 |                   | than zero, enter "0" in column 2 |                      |                  |          | TOTA              | ۱L                           |                        | OR      | TOTAL          | 740                    |  |  |
| CLAIMS AS AMENDED - PART II   |  |                                 |                   |                                  |                      |                  |          | OTHER THAN        |                              |                        |         |                |                        |  |  |
|   |  | (Column 1)<br>CLAIMS            | <u> </u>          | (Colu                            |                      | (Column 3)       | 1 1      | SMA               | LL                           | ENTITY                 | OR      | SMALL          |                        |  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT | ٠                 | NUM<br>PREVI                     |                      | PRESENT<br>EXTRA |          | RAT               | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | *                               | Minu <del>s</del> | **                               |                      | =                |          | X\$ 9             | <u>=</u>                     |                        | OR      | X\$18=         |                        |  |  |
| ME  | Independent                                    | *                               | Minus             | ***                              |                      | <u> </u>         |          | X42:              | =                            |                        | OR      | X84=           |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR |                                 |                   |                                  |                      |                  | l        | +140              | _                            |                        |         | +280=          |                        |  |  |
| ŀ   |  |                                 |                   |                                  |                      |                  | l        | TO                |                              | _                      | OR      | TOTAL          |                        |  |  |
|   |  |                                 |                   |                                  |                      |                  |          |                   | ADDIT. FEE OR ADDIT. FEE     |                        |         |                |                        |  |  |
| <u> </u>  |  | (Column 1)<br>CLAIMS            | 1                 |                                  | mn 2)<br>HEST        | (Column 3)<br>T  | 1 r      |                   | _                            | 4501                   | 1       |                | ADDI                   |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |                   | PREVI                            | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATI              | Ε                            | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | *                               | Minus             | ##                               |                      | =                |          | X\$ 9             | =                            |                        | OR      | X\$18=         |                        |  |  |
|   | Independent                                    | *                               | Minus             | ***                              |                      | =                | ] [      | X42:              | =                            |                        | OR      | X84=           |                        |  |  |
|   | FIRST PRESE                                    | NTATION OF M                    | JETIPLE DEF       | ENDEN                            | CLAIM                |                  | <b>」</b> | +140              | _                            |                        | OR      | +280=          |                        |  |  |
|   |  |                                 |                   |                                  |                      |                  |          |                   | ΓAL                          | -                      | ا ا     | TOTAL          |                        |  |  |
| 1   |  |                                 |                   |                                  |                      |                  |          |                   | EE                           |                        | lon .   | ADDIT. FEE     | L                      |  |  |
|   |  | (Column 1)<br>CLAIMS            |                   |                                  | mn 2)<br>HEST        | (Column 3)       | 1 -      |                   |                              |                        | 1 1     |                |                        |  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                     | BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |          | RATE              | ≣ :                          | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | *                               | Minus             | **                               |                      | =                |          | X\$ 9             | =                            |                        | OR      | X\$18=         |                        |  |  |
| WE  | Independent                                    | *                               | Minus             | ***                              | . <b>.</b>           | <u> </u>         | ┇╏       | X42:              | _                            |                        | OR      | X84=           |                        |  |  |
|   | FIRST PRESE                                    | NTATION OF M                    | ULTIPLE DE        | PENDEN                           | T CLAIM              |                  | J ∤      |                   | ,                            |                        |         |                | <b></b>                |  |  |
|   | If the entry in activ                          | mn 1 je lace than t             | he entor in coli  | ımn 2 writ                       | e "0" in co          | lumn 3           |          | +140              |                              |                        | OR      | +280=          |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OPTION OF TOTAL ADDIT. FEE ADDIT. FEE |  |                                 |                   |                                  |                      |                  |          |                   |                              |                        |         |                |                        |  |  |
|   | The "Highest Nun                               | nber Previously Pa              | id For" (Total o  | r Independ                       | dent) is the         | e highest numb   | er fou   | and in the        | ө арі                        | propriate bo           | x in co | lumn 1.        |                        |  |  |